

DEPARTMENT OF AGING

1600 K STREET

SACRAMENTO, CA 95814-4020

Internet Home Page: www.aging.ca.gov

TDD Only 1-800-735-2929

FAX Only (916) 327-3661

(916) 322-0773



PROGRAM MEMO

TO: AREA AGENCIES ON AGING (AAA)	NO.: PM 01-13 (P)
SUBJECT: Fiscal Year (FY) 2000/01 Title III/VII, Title V, & Community-Based Services Program (CBSP) Closeout Process	DATE ISSUED: August 6, 2001
REVISED:	EXPIRES: Until Superseded
REFERENCES: PM 97-08 (P), PM 98-11 (P), PM 99-25 (P), PM 00-11 (P), PM 00-19 (P)	SUPERSEDES:
PROGRAMS AFFECTED: <input type="checkbox"/> All <input checked="" type="checkbox"/> Title III-B <input checked="" type="checkbox"/> Title III-C1/C2 <input type="checkbox"/> Title III-D <input checked="" type="checkbox"/> Title III-F <input checked="" type="checkbox"/> Title V <input checked="" type="checkbox"/> CBSP <input type="checkbox"/> MSSP <input checked="" type="checkbox"/> Title VII <input type="checkbox"/> ADHC <input type="checkbox"/> Other: _____	
REASON FOR PROGRAM MEMO: <input type="checkbox"/> Change in Law or Regulation <input type="checkbox"/> Response to Inquiry <input checked="" type="checkbox"/> Other Specify: <u>Annual Requirement</u>	
INQUIRIES SHOULD BE DIRECTED TO: Assigned AAA-Based Team	

The purpose of this Program Memo (PM) is to remind AAAs of the due dates for submitting the Title III/VII Financial Closeout Report (CDA 180), the Title V Financial Closeout Report (CDA 90), and the CBSP Financial Closeout Report (CDA 246).

Title III/VII Financial Closeout Report (CDA 180)

The original CDA 180 (three copies with original signatures on each) for FY 2000/01 is due to the California Department of Aging (CDA) no later than **Thursday, August 30, 2001**. Master copies of the CDA 180 were transmitted with PM 97-08 (P) and should be used to report for FY 2000/01.

The original CDA 180s must be received by the due date to allow CDA staff sufficient time to review and approve the CDA 180s. The figures reported on the CDA 180 will be used to record revenues and expenditures, calculate unearned federal funds, and determine possible funding available for one-time-only (OTO) allocations. The OTO calculations will be completed by Friday, September 28, 2001. Therefore, AAAs not submitting CDA 180s by the required due date may lose federal OTO funds.

A revised CDA 180 may be submitted no later than **Monday, December 3, 2001**. The revised CDA 180 will enable AAAs to adjust accruals previously reported, however, the reporting of additional federal or State expenditures will not be allowed.



AAAs are required to submit a written explanation of any variance in excess of 25 percent between expenditures reported on the Detailed Expenditure Data File (SPR 107) and expenditures reported on the CDA 180.

Reporting Medication Management

Medication Management expenditures and funding sources should be reported as a separate service under III F on the Schedule of Nutrition (III C-1 & III C-2), In-Home Services for Frail Elderly (III D), and Disease Prevention (III F) Programs, Page 9 of the CDA 180. A sample page illustrating where to report Medication Management is attached to this PM.

Title V Financial Closeout Report (CDA 90)

The CDA 90 (two copies with original signatures) is due to CDA no later than **Friday, August 31, 2001**. For those AAAs that were granted a two-month extension, the CDA 90 is due to CDA by **Wednesday, October 31, 2001**. Master forms and instructions for completing the CDA 90 are attached.

The Financial Closeout Summary, page seven, identifies funds that may be owed to CDA or due to the AAA. Upon completion of CDA's review of the CDA 90, a Grant Closeout Statement (CDA 30) will be prepared and forwarded to each AAA. Funds due to the AAA will be processed by CDA following approval of the CDA 90. An invoice will be sent to AAAs if funds are due to CDA. Do not submit a check with the closeout report.

For projects administering 502(e) experimental projects, a separate CDA 90 must be completed reflecting 502(e) expenditures only, submitted with the principal CDA 90 reflecting expenditures for the total grant award.

If applicable, the AAA is responsible for providing sub-grantee agencies with necessary copies of the CDA 90 package. The sub-grantee agency must submit the completed closeout report to the AAA for review prior to submission to the CDA.

CBSP Financial Closeout Report (CDA 246)

The CDA 246 (three copies with original signatures) is due to CDA no later than **Tuesday, September 4, 2001**. The figures on the CDA 246 will be used to report all program revenues and expenditures as well as to calculate the unearned State and federal Health Insurance Counseling and Advocacy program (HICAP) funds.

Master copies of the CDA 246 are attached to this PM and include minor revisions. In the HICAP federal, references to "BSI" have been changed to "SHIP" to conform to a federal name change. The bottom of the Closeout Summary CBSP Page 1 now includes a line for reporting the total amount of M+C Supplemental funds spent during FY 2000/01.

To allow AAAs to report actual performance levels, a Page 4 titled "Performance Actuals" was added to the CDA 246 last year. The Performance Actuals page has been revised to contain the same

information as page five of the CBSP budget form (CDA 263). This is an interim reporting mechanism that will be used until all CBSP programs are fully automated. Completion of the Performance Actuals page does not negate the AAAs' responsibility for submitting year-end program reports to the Data Analysis and Regulation Team as outlined in PM 00-11 (P).

For those AAAs using a computer system, the revised CDA 246 has been developed for the Personal Computer in Excel version 4.0. Excel files will be emailed to all AAAs simultaneous with the distribution of this PM.

All FY 2000/01 HICAP expenditures should be reported on the CDA 246. Unspent FY 2000/01 HICAP federal funds will be re-allocated to the originating AAA on an amended FY 2001/02 CBSP Planning Estimate.

AAAs are required to submit a written explanation of any variance in excess of 20 percent between expenditures reported on the Monthly Report of Expenditure/Request for Funds (CDA 245) or the Detailed Expenditure Data File (CBSP 107) and expenditures reported on the CDA 246.

Report of Project Property Furnished/Purchased with Agreement Funds (CDA 32)

The AAA shall submit to CDA, annually with the Financial Closeout Reports, a current inventory of all property furnished or purchased by the AAA with funds awarded under the Standard Agreement. The AAA shall use the CDA 32 to report property purchased with Title III/VII, Title V, and CBSP funds.

All Financial Closeout Reports and property lists due to CDA should be addressed to your respective AAA-Based Team and sent to:

California Department of Aging
1600 K Street
Sacramento, California 95814

All Financial Closeout Reports must be accurate, complete, and timely. These reports are subject to review by CDA's Audit Team and will be kept on file at CDA until an audit has been completed and resolved.

Original signed by Robert MacLaughlin for

Lynda Terry
Director

Attachments

III C-2

4. Home Delivered Meals							
8. Nutrition Counseling							
12. Nutrition Education							
Total III C-2							

Sample

III D

1. Personal Care							
2. Homemaker							
3. Chore							
Total III D							

III F

8. Nutrition Counseling							
12. Nutrition Education							
15i. Disease Prev & Health Promotion							
15j. Medication Management							
Total III F							

Program numbering corresponds with the National Aging Program Information System (NAPIS)

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**SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM
SCSEP FEDERAL AND STATE GRANT
FINANCIAL CLOSEOUT REPORT
FISCAL YEAR _____**

Grantee Agency: _____

Subgrantee Agency: _____

Contract Number: _____ TV-_____

Number of Authorized Enrollee Positions: _____

Number of Enrollee Positions Filled (End of 4th Quarter.): _____

Number of Temp. Positions Filled (End of 4th Quarter.): _____

I hereby certify to the best of my knowledge and belief that the attached SCSEP Financial Closeout Report for the above numbered grant is accurate, complete, and current, and discloses the financial results of each project or program funded by Older Americans Act and State General Fund SCSEP Funds .

Signature of Authorized Person (Use Black Ink)

Date

Type or Print Name of Authorized Person

NOTE: THREE COPIES OF THE FINANCIAL CLOSEOUT REPORT WITH ORIGINAL SIGNATURES MUST BE RECEIVED AT THE DEPARTMENT NO LATER THAN 5 P.M., AUGUST 31st, OF THE CURRENT FISCAL YEAR OR OCTOBER 31st (WHICHEVER IS APPROPRIATE).

GENERAL INSTRUCTIONS

1. Enter contract number on each of the following pages in the space provided in the upper left-hand corner.
2. Enter expenditures (federal, State, and match) for each cost category (Administration, 8% maximum federal), (Enrollee Wages and Fringe Benefits, 79% minimum federal and 100% minimum State) and (Other Enrollee Costs) in the appropriate expenditure column. A 10% match is required for federal funds.
3. Add each expenditure column (vertical/horizontal), cross check and enter totals.
4. Enter total expenditures for all cost categories in the appropriate column on the last line.

NOTE:

1. The following acronyms are used throughout this document: ADMIN = Administration; EW & FB = Enrollee Wages and Fringe Benefits; and OEC = Other Enrollee Costs.
2. Administration - "Personnel/Fringe Benefits" and Other Enrollee Costs - "Personnel/Fringe Benefits" must agree with Schedule A (page 4).
3. Administration - "Equipment" and Other Enrollee Costs - "Equipment" must agree with Schedule B (page 5).
4. Administration - "Miscellaneous Costs" and Other Enrollee Costs - "Miscellaneous Costs" must agree with Schedule C (page 6).
5. Type, print and/or sign cover page and page eight with **BLACK INK**.

EXPENDITURE SUMMARY

Contract #TV-_____

COST CATEGORIES	FEDERAL EXPENDITURES	STATE EXPENDITURES	LOCAL MATCH (CASH)	LOCAL MATCH (IN-KIND)	TOTAL
------------------------	-----------------------------	---------------------------	---------------------------	------------------------------	--------------

ADMINISTRATION – (Federal Maximum 8%)					
PERSONNEL/FRINGE					*
TRAVEL					
EQUIPMENT					*
SUPPLIES					
MISC. COSTS					*
INDIRECT					
TOTAL ADMINISTRATION					

ENROLLEE WAGES & FRINGE BENEFITS – (Federal Minimum 79%) (State Minimum 100%)					
ENROLLEE WAGES					
FRINGE BENEFITS					
PHYSICALS					
TOTAL EW & FB					

OTHER ENROLLEE COSTS					
PERSONNEL/FRINGE					*
TRAVEL					
TRANSPORTATION					
EQUIPMENT					*
SUPPLIES					
MISCELLANEOUS COSTS					*
TOTAL OEC					

TOTAL EXPENDITURES					
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* ENTRY MUST AGREE WITH TOTAL AMT. SPECIFIED IN THE APPROPRIATE SCHEDULES ON PAGES 4-6

**EXPENDITURE SCHEDULES
SCHEDULE A – PERSONNEL**

Contract #TV-_____

JOB TITLE	NUMBER POSITIONS	AGENCY CODE A, C, OR H	AMOUNT
-----------	---------------------	------------------------------	--------

ADMINISTRATION			
TOTAL ADMINISTRATION			*

OTHER ENROLLEE COSTS			
ORIENTATION			
ASSESSMENT			
TRAINING			
SUPPORTIVE SERVICES			
JOB DEVELOPMENT			
OTHER ENROLLEE COSTS TOTAL			*

ADMINISTRATION/OTHER ENROLLEE COSTS – INSTRUCTIONS:

1. List all SCSEP administrative personnel funded with federal and non-federal funds by job title.
2. Enter number of positions in the same class for each job title.
3. Use the following codes to indicate where positions are located:
A = Area Agency; C = Contractor; and H = Host Agency.
4. Enter total salary/fringe benefits expended for each class of positions.
5. Add each column (vertical/horizontal), crosscheck and enter totals.
- *6. Ensure total line entry in the Amount Column agrees with personnel/fringe line entry in the Total Column for Administration or Other Enrollee Cost categories on page 3.

EXPENDITURE SCHEDULES SCHEDULE B - EQUIPMENT PURCHASE

Contract # TV-_____

ITEM	MFG.	MODEL	ID OR SERIAL NUMBER	COST	FED %
------	------	-------	---------------------------	------	----------

ADMINISTRATION					
ADMINISTRATION TOTAL					*

OTHER ENROLLEE COSTS					
OTHER ENROLLEE COSTS TOTAL					*

ADMINISTRATION/OTHER ENROLLEE COSTS – INSTRUCTIONS:

1. List all equipment purchased during the grant year with federal and non-federal funds. Attach a list of equipment purchased with SCSEP funds during years prior to the current fiscal year. Do not include costs of prior year purchases on this form.
2. List manufacturer, model, ID or serial number, cost, and the percentage of the purchase price paid with federal funds for each equipment purchase listed.
3. Add cost column and enter total.
- *4. Ensure the total line entry in the cost column agrees with equipment line item entry in the total column for the Administration or Other Enrollee Cost categories on page 3.

**EXPENDITURE SCHEDULES
SCHEDULE C - MISCELLANEOUS COSTS**

Contract # TV-_____

LINE ITEM	AREA AGENCY	CONTRACTOR	TOTAL
-----------	-------------	------------	-------

ADMINISTRATION			
ADMINISTRATION TOTAL			*

OTHER ENROLLEE COSTS			
ORIENTATION			
ASSESSMENT			
TRAINING			
SUPPORTIVE SERVICES			
JOB DEVELOPMENT			
OTHER (LIST)			
OTHER (LIST)			
OTHER ENROLLEE COSTS TOTAL			*

ADMINISTRATION/OTHER ENROLLEE COSTS – INSTRUCTIONS:

1. This schedule is for federal and non-federal expenses other than personnel/fringe benefits.
2. List federal and non-federal costs not identified in the budget as a line item.
3. Enter dollar amount charged to either the Area Agency/Contractor or both.
4. Add each cost category (vertical/horizontal), crosscheck and enter amounts in total columns.
- *5. Ensure the total line entry in the total column agrees with the miscellaneous cost line item entry in the total column for the Administration or Other Enrollee Costs categories on page 3.

FINANCIAL CLOSEOUT SUMMARY

Contract # TV-_____

ITEM	ADMINISTRATION	EW & FB	OEC	TOTAL
1. TOTAL EXPENDITURES (FEDERAL, STATE, AND MATCH)				
2. FEDERAL GRANT AWARD				
3. FEDERAL EXPENDITURES				
4. TOTAL FEDERAL ADVANCES				
5. UNEXPENDED FEDERAL FUNDS				
6. FEDERAL AMOUNT DUE SUBGRANTEE				
7. STATE GRANT AWARD				
8. STATE EXPENDITURES				
9. TOTAL STATE ADVANCES				
10. UNEXPENDED STATE FUNDS				
11. STATE AMOUNT DUE SUBGRANTEE				

CLOSEOUT SUMMARY- INSTRUCTIONS:

1. Enter on line 1, the Total Expenditures (federal, State, and match) for Admin, EW & FB, OEC, and the Total column. These amounts must agree with totals for each expenditure category shown on page 3.
2. Enter on line 2, the SCSEP Federal Grant Award as budgeted (CDA 35) in the last approved revision for each expenditure category. The total for line 2 must equal the total SCSEP Federal Grant Award for the appropriate fiscal year.
3. Enter on line 3, the totals for each expenditure category as stated on page 3, in the Federal Expenditures column. The total on Line 3 cannot exceed the total on line 2.
4. Enter on line 4, the Total Federal Advances. This information may be calculated from the Monthly Expenditure Report/Request for Funds (CDA 29) submitted during the appropriate fiscal year.
5. Totals for lines 2, 3, and 4 cannot exceed approved budget amounts.
6. If line 4 is greater than line 3, subtract line 3 from line 4 and enter the difference on line 5.
7. If line 4 is less than line 3, subtract line 4 from line 3 and enter the difference on line 6.
8. Enter on line 7, the SCSEP State Grant Award as budgeted (CDA 35) in the last approved revision for the EW & FB expenditure category. The total for line 7 must equal the total SCSEP State Grant Award for the appropriate fiscal year.
9. Enter on line 8, the totals for each expenditure category as stated on page 3, in the State Expenditures column. The total on Line 8 cannot exceed the total on line 7.
10. Enter on line 9, the Total State Advances. This information may be calculated from the CDA 29 submitted during the appropriate fiscal year.
11. Totals for lines 7, 8, and 9 cannot exceed approved budget amounts.

12. If line 9 is greater than line 8, subtract line 8 from line 9 and enter the difference on line 10.
13. If line 9 is less than line 8, subtract line 9 from line 8 and enter the difference on line 11.

MATCHING REQUIREMENTS

Contract # TV-_____

ITEM	ADMINISTRATION	EW & FB	OEC	TOTAL
12. TOTAL EXPENDITURES (FEDERAL AND NON-FEDERAL)				
13. FEDERAL EXPENDITURES				
14. STATE EXPENDITURES				
15. MATCH				

MATCHING REQUIREMENTS – INSTRUCTIONS:

1. Enter total expenditures (federal, State, and match) from page 7, line 1, on line 12 above.
2. Enter federal expenditures from page 7, line 3, on line 13 above.
3. Enter State expenditures from page 7, line 8, on line 14 above. Match does not have to be shown for each cost category.
4. Subtract line 13 and 14 from line 12 and enter this amount on line 15. Line 15, total column, must be a 10% match for your federal grant award.

BUDGET EXPENDITURE COMPARISON

ITEM	ADMINISTRATION	EW & FB	OEC	TOTAL
16. TOTAL FEDERAL BUDGET AMOUNT (Last Approved Budget Revision)				
17. TOTAL FEDERAL EXPENDITURES				
18. FED (OVER)/UNDER				
19. TOTAL STATE BUDGET AMOUNT (Last Approved Budget Revision)				
20. TOTAL STATE EXPENDITURES				
21. STATE (OVER)/UNDER				

BUDGET EXPENDITURE COMPARISON – INSTRUCTIONS:

1. Enter on line 16, total federal amount budgeted in last approved budget (CDA 35) for Admin, EW & FB, OEC, and Total Grant Award. Line 16 should be the same as page 7, line 2.
2. Enter on line 17, total federal expenditures from page 7, line 3, for each cost category and the total column.
3. Subtract line 17 from line 16 and enter on line 18. Indicate over expenditure with parentheses.
4. Enter on line 19, total State amount budgeted in last approved budget (CDA 35) for Admin, EW & FB, OEC, and Total Grant Award. Line 19 should be the same as page 7, line 7.
5. Enter on line 20, total State expenditures from page 7, line 8, for EW & FB and the total column.
6. Subtract line 20 from line 19 and enter on line 21. Indicate over expenditure with parentheses.
7. The Department may disallow all expenditures, which are over or under the last approved budget revision amount for each cost category by more than ten percent.

Title of Reviewer

Date

Title of Preparer

Date

Instructions for the Financial Closeout Report (CDA 246) Community-Based Services Programs

PAGE 1 – CLOSEOUT SUMMARY – Community-Based Services Programs

Heading: Enter the Contract Period, State Fiscal Year, Contract Number, and Date of Closeout.

Cost Categories: The allowable costs categories and Local Assistance Programs correspond to the latest budget as approved during the fiscal year.

AAA Administration: (The columns provide space for reporting actual costs incurred during the year.)

Column 1: State and Federal (SHIP) Funds Only

Personnel: Enter the amount of total Area Agency Administration personnel costs funded with State monies. Include in this amount all salary and fringe benefit expenses.

Operating Expenses: Enter the amount of total Area Agency Administration operating expenses and equipment expended during the year and funded with State monies. Include in this amount all rent, supplies, telephone and any other expenses charged for administering the programs.

Indirect Administration: Enter the amount of Area Agency Administration total indirect expenses funded with State monies. Include in this amount all personnel costs and general operation expenses associated with resources used to provide support for the programs.

Total Administration: Add the amounts from Personnel, Operating Expenses, and Indirect Administration and enter the total.

Column 3: State and Federal (SHIP) Funds Only

Enter the amount of administration expenses incurred by another AAA, for multiple-PSA projects funded with State monies.

Column 4: State and Federal (SHIP) Funds Only

Enter the Total of columns 1 through 3.

Columns 7 & 8: Local Funding

Enter the amount of Personnel, Operating Expenses, and Indirect Administration funded with Program Income and Other Funding.

Column 9: Local Funding

Enter the Total of Columns 4, 7, & 8.

Local Assistance: (The columns provide space for reporting actual costs incurred during the year.)**Column 2: State and Federal (SHIP) Funds Only**

For each CBSP administered directly by the AAA, enter the amount of expenses funded with State and Federal monies.

Column 3: State and Federal (SHIP) Funds Only

For each CBSP contracted out by the AAA, enter the amount of expenses funded with State and Federal monies. The amounts must agree with the amounts in columns 3 and 4, on page 3 of the closeout form.

Column 4: State and Federal (SHIP) Funds Only

Add columns 2 & 3 and enter the Total for local assistance programs.

Column 5: Local Funding

Enter the amount of expenses funded with Cash Match for each local assistance program.

Column 6: Local Funding

Enter the amount of expenses funded with In-Kind Match for each local assistance program.

Column 7: Local Funding

Enter the amount of expenses funded with Program Income for each local assistance program.

Column 8: Local Funding

Enter the amount of expenses funded with Other Funding for each local assistance program.

Column 9: Total All Funds

Enter the total of columns 4, 5, 6, 7, & 8.

Total Expenditures: Enter the total costs for AAA Administration, Direct Services, Contracted Services, Cash Match, In-Kind Match, Program Income, and Other Funding.

Certification: Complete the signature block.

Total HICAP M+C Supplemental Expenditures: Enter the total amount of M+C Supplemental funds spent.

Page 2 – DETAIL OF AAA DIRECT CBSP EXPENDITURES

Heading: Enter the Contract Period, State Fiscal Year, Contract Number, and Date of Closeout.

Cost Categories: Lines in this section list the allowable cost categories that correspond to the latest budget as approved during the fiscal year. Include in these lines expenses funded with State, Federal, Cash Match, In-Kind Match, Program Income, and Other Funding.

Columns 1 to 8:

For each appropriate line, enter the amount of expenses for each CBSP administered directly by the AAA. HICAP State Funded includes HICAP Reimbursement and HICAP Fund.

Total Costs: Enter total costs for each CBSP administered directly by the AAA.

PAGE 3 – DETAIL OF AAA CONTRACTED CBSP EXPENDITURES

Heading: Enter the Contract Period, State Fiscal Year, Contract Number, and Date of Closeout.

The columns provide space for reporting actual costs incurred during the year.

Column 1 Contractor Name/Contract Number:

Enter the name of the service provider and contract number assigned by your agency.

Column 2 Name of Program:

Enter the name of the Community-Based Services Programs contracted by your agency.

Column 3 State Funds:

Enter the total State Fund expenditures reported by the provider.

Column 4 Federal Funds:

Enter the total Federal Fund expenditures reported by the provider.

Column 5 Local Cash Match:

Enter the Cash Match reported by the provider.

Column 6 Local In-Kind Match:

Enter the In-Kind Match reported by the provider.

Column 7 Program Income:

Enter the amount of Program Income reported by the provider.

Column 8 Other Funding:

Enter the amount of Other Funding reported by the provider.

Column 9 Total Contracted Expenses:

Enter total expenses recorded in columns 1 through 8 for each contractor.

Page 4 – PERFORMANCE ACTUALS

Heading: Enter the Contract Period, State Fiscal Year, Contract Number, and Date of Closeout.

For each program, fill in the actual number of service units provided in the fiscal year.

INSTRUCTIONS

CDA 32 (REVISED 5/00) REPORT OF PROPERTY FURNISHED/PURCHASED WITH AGREEMENT FUNDS

PLEASE TYPE OR PRINT IN BLUE OR RED INK. DO NOT USE BLACK INK.

**COMPLETE CONTRACTOR NAME, CONTRACT NO.,
CONTRACTOR ADDRESS, CONTACT NAME AND PHONE NO.**

- A. Enter "generic" name of item, e.g., typewriter, calculator, dictator, etc.
- B. Enter model number or name.
- C. Enter serial number; record all characters and digits.
- D. Enter date of purchase.
- E. Enter the cost of purchase (dollar amount including tax and/or shipping/set-up charges).
- F. Indicate fund source e.g., Title III, Community Based Program, MSSP.
- G. If applicable indicate CDA Tag Number. If no number, leave blank.

Enter Authorized Signature, Title and Date.

SUBMIT TO:

CALIFORNIA DEPARTMENT OF AGING
BUSINESS SERVICES AND CONTRACTS SECTION
1600 K STREET
SACRAMENTO, CA 95814

REPORT OF PROPERTY FURNISHED/PURCHASED
WITH AGREEMENT FUNDS

CONTRACTOR NAME:					CONTRACT NO.	
CONTRACTOR ADDRESS:			CONTACT		PHONE NO.	
(A) ITEM DESCRIPTION	(B) MODEL NO.	(C) SERIAL NO.	(D) DATE OF PURCHASE	(E) PURCHASE COST	(F) FUND SOURCE	(G) CDA NO.
AUTHORIZED SIGNATURE:			TYPE NAME AND TITLE:		DATE COMPLETED:	

BUSINESS SERVICES USE ONLY
DOCUMENT # _____
DATE RECEIVED _____

CLOSEOUT SUMMARY

COMMUNITY BASED SERVICES PROGRAMS

Contract Period:		Fiscal Year:			Contract #:			Date:	
Cost Category	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9
	State and Federal (SHIP) Funds Only				Local Funding				Total All Funds
	AAA Admin	Direct Services	Contracted Services	Total Columns 1-3	Cash Match	In-Kind Match	Program Income	Other Funding	
AAA Administration									
Personnel				0					0
Operating Expenses				0					0
Indirect Administration				0					0
Total Administration	0		0	0			0	0	0
Local Assistance									
Alzheimer's (ADCRC)				0					0
Brown Bag				0					0
Foster Grandparent				0					0
Senior Companion				0					0
Linkages				0					0
Respite POS				0					0
Respite Registry				0					0
HICAP Reimbursement				0					0
HICAP Fund				0					0
HICAP Federal SHIP				0					0
Total Local Assistance		0	0	0	0	0	0	0	0
Total Expenditures	0	0	0	0	0	0	0	0	0

I hereby certify to the best of my knowledge and belief that the attached Financial Closeout Report for the above contract is accurate and discloses the financial results to State of California.

SIGNATURE OF AREA AGENCY DIRECTOR

PRINTED NAME

DATE

>

FOR STATE USE ONLY

DEPARTMENT ANALYST

DATE

>

Total HICAP M + C Supplemental Expenditures: _____

DETAIL OF AAA DIRECT COMMUNITY BASED SERVICES PROGRAMS EXPENDITURES

Contract Period:		Fiscal Year:			Contract #:		Date:	
Cost Categories	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8
	Alzheimer's (ADCRC)	Brown Bag	Foster Grandparent	Senior Companion	Linkages	Respite Registry	HICAP State Funded	HICAP SHIP
Personnel:								
Salaries/Wages								
Staff Benefits								
Total Personnel Costs	0	0	0	0	0	0	0	0
Operating Expenses:								
Rent/Utilities								
Equipment Purch/Maint								
Travel/Training								
Printing								
Supplies								
Postage								
General Expense								
Insurance								
Accounting Services								
Communications								
Facility Operations								
Nutrition Services								
Total Operating Expenses	0	0	0	0	0	0	0	0
Consultants								
Purchase of Service								
Volunteer Recognition/Exp								
Total Direct Costs	0	0	0	0	0	0	0	0
Indirect Costs								
Total Costs	0	0	0	0	0	0	0	0

[illegible]

PERFORMANCE ACTUALS

Contract Period:	Fiscal Year:	Contract #:	Date:
<i>Instruction: For each program, fill in the actual number of service units provided in the fiscal year.</i>			

A D C R C	Actual	Linkages	Actual
Number of Volunteers:		Number of Unduplicated Clients Served:	
Number of Volunteer Hours:		Average Number of Clients per Month:	
a. Participants with Moderate Cognitive Impairment:		Average Ratio of Clients to Staff, per site:	:1
b. Participants with Severe Cognitive Impairment:		Foster Grandparent Program	Actual
c. Participants with Mild Cognitive Impairment:		Total Number of Volunteer Service Years (VSY):	
[a + b + c = d] . Total Unduplicated Participants:		Number of Volunteer Hours:	
Maximum Program Capacity (Participants):		Number of Senior Volunteers:	
		Number of Children Served:	
Number of Caregiver Support Sessions:		Senior Companion Program	Actual
Number of In-service Training Sessions:		Total Number of Volunteer Service Years (VSY):	
Number of On-site Training Sessions:		Number of Volunteer Hours:	
Brown Bag Program	Actual	Number of Senior Volunteers:	
Number of Persons Served (Unduplicated):		Number of Seniors Served:	
Number of pounds of food distributed:		H I C A P	Actual
Number of bags of food distributed:		Number of Community Presentations:	
Number of Volunteers:		Number of Attendees at Presentations:	
Number of Volunteer Hours:		Number of Persons Counseled:	
Respite Program	Actual	Average Number of Registered Counselors for the year:	
Respite POS (Required Linkages Funding)		Average Number of Registered Long-Term Counselors:	
Number of Families Served (Unduplicated):		Average Number of Community Educators:	
Number of Respite Hours Provided:		Average Number of Active Registered Counselors per Month:	
Respite Registry		H I C A P Legal Representation Services	Actual
Number of Clients Contacts:		(If providing) Number of Clients:	
Number of Successful Matches:		(If providing) Number of Hours:	
Respite POS (Non-Linkages Funding)			
Number of Families Served (Unduplicated):			
Number of Respite Hours Provided:			